

# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD →	First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE	First	Full Middle Name	Last
	<b>OTHER NAMES USED ON YOUR SOCIAL SECURITY CARD</b>			
<b>2</b>	Social Security number previously assigned to the person listed in item 1 →			
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City	State or Foreign Country		Office Use Only
<b>4</b>	<b>DATE OF BIRTH</b>			MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (Check One) →	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian	
<b>8</b>	<b>SEX</b> →	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>9</b>	<b>A. MOTHER'S NAME AT HER BIRTH</b> →	First	Full Middle Name	Last Name At Her Birth
	<b>B. MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3) →	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>— — —</span> <input type="checkbox"/> Unknown         </div>		
<b>10</b>	<b>A. FATHER'S NAME</b> →	First	Full Middle Name	Last
	<b>B. FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10 B on Page 3) →	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>— — —</span> <input type="checkbox"/> Unknown         </div>		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1 →	First	Full Middle Name	Last Name
<b>13</b>	Enter any different date of birth if used on an earlier application for a card → MM/DD/YYYY			
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY	<b>15</b>	<b>DAYTIME PHONE NUMBER</b> ( ) — — — Area Code    Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate) →	Street Address, Apt. No., PO Box, Rural Route No. City    State/Foreign Country    ZIP Code		
<b>17</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
<b>17</b>	<b>YOUR SIGNATURE</b> →	<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)	
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)				
NPN		DOC	NTI	CAN
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW _____ DATE		
		DCL DATE		